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JC986 U.S. PTO


11/09/01

Sue McCoy
Printed Name
Signature

☐ The Power of Attorney in the prior application is to: _____

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: **Girma Wolde-Michael, Reg. No. 36,724**
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (763) 514-6402

FEE CALCULATION	No. of Claims Filed		Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	49	20	=	29		x 18	522
Independent Claims	10	3	=	7		x 84	588
Multiple Dependent Claims	0					+ 280	0
Basic Filing Fee							\$740.00
TOTAL							1850.00

X Charge Deposit Account No. 13-2546 the amount of \$1850.00 for a **TOTAL OF \$1850.00.**

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

Girma Wolde-Michael
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Minneapolis, Minnesota 55432
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